FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| Check this box if no longer subject | SIA |
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| Section 16. Form 4 or Form 5 | |
| bligations may continue. See | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Furman Matthew | | | | | | 2. Issuer Name and Ticker or Trading Symbol WILLIS TOWERS WATSON PLC [WTW | | | | | | | | | all app Direc | tor | ng Per | son(s) to Is 10% Ov Other (s | vner |
|--|---|---|---|-----------------|---|--|---|--|--|--------------------|----------------------------|--|--|---|--|---|--------------|--|--|
| (Last) | (Fii | 3. Date of Earliest Transaction (Month/Day/Year) 04/06/2023 | | | | | | | | | X | | Officer (give title below) General | | below) | рсспу | | | |
| 51 LIME STREET | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) LONDO | (Street) LONDON X0 EC3M 7DQ | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Ž | Zip) | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | | | | | | saction was mons of Rule 1 | | | | | uction or writt | en plar | n that is inter | nded to |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | Date, | 3. Transaction Code (Instr. 8) 4. Securities Acquired (AD Disposed Of (D) (Instr. 3D) | | | | iired (A) nstr. 3, 4 | , 4 and Securi Benefi Owned | | cially d Following | Form (D) or | Form: Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pric | e | | action(s) 3 and 4) | | | (Instr. 4) |
| Ordinary Shares, nominal value \$0.000304635 per share | | | | | 2023 | | | | F | | 174(1) | D | \$23 | 32.38 | 31,8 | ,819.837 | | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Yo | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec (Ins | ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y G | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amour or Number of Shares | | | | | | | |

Explanation of Responses:

1. Withholding of shares by Issuer incident to the tax payment related to the vesting and settlement of 313 restricted share units granted on April 1, 2022.

/s/ Matthew Furman by Elaine Wiggins, Attorney-in-Fact (power of attorney previously

04/10/2023

filed)

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.